

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029719

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7208

STATE FILE NUMBER

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

ST. LOUIS, MO

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY  
OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION ST. LOUIS CITY HOSP. #1.

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 909 Bayard

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First  
JEFFERY

Middle

Last  
BONDS

4. DATE  
OF  
DEATH

Month Day Year  
JULY 8, 1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

5-22-15

9. AGE (last birthday)

48

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10b. KIND OF BUSINESS OR INDUSTRY

Woolworth

11. BIRTHPLACE (City and state or country)

Jackson Tenn.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Lowe Bonds

13b. MOTHER'S MAIDEN NAME

Lula Gray

14. NAME OF HUSBAND OR WIFE

Velma Williams 909 Bayard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of servi

no No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Sepsis

DUE TO (b)

Infected Sacral diabetes

DUE TO (c)

Hepatitis 155.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/17/63

to 7/8/63

and last saw her him alive on 7/8/63

Death occurred at 5:50 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard L. Phillips MD

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

7/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

July 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

Saint Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

E. J. Roane 1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 11 1963

26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

PHILLIS

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oliver E. Crumble

Licensed Embalmer No. 5185

P. O. Address 1221 N. Grand Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.